

**SUMMARY FORM****COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

Public Employer:	Borough of Franklin	County:	Sussex
Employee Organization:	Public Works Department	Employees in Unit:	9
Base Year Contract Term:	1/1/2014      12/31/2015	New Contract Term:	1/1/2016      12/31/2017
Type of Settlement:	<input type="checkbox"/> Mediated Settlement <input type="checkbox"/> Fact-Finder Recommendation <input checked="" type="checkbox"/> Voluntary Settlement <input type="checkbox"/> Super Conciliation		

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Item 1 .....	Salary	\$321,894	\$444,312
Item 2 .....	Increment	\$6,438	\$8,886
Item 3 .....	Loyalty	\$22,760	\$17,768
Item 4 .....			
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet	Additional Items		
<b>Section III: Totals</b> • Sum of costs in each column		<b>\$351,092</b>	<b>\$470,966</b>
		(Total)	(Total)

**Section IV: Analysis of new successor agreement****NEW AGREEMENT ANALYSIS**Total Base Year (previous agreement) \$351,092

Effective Date (m/d/yyyy)	<u>1/1/2016</u>	<u>1/1/2017</u>				
Percent Increase .....	<u>2%</u>	<u>2%</u>				
Total cost of increase ..	<u>\$26,654</u>	<u>\$27,187</u>				
Total base salary (successor agreement) .....	<u>\$470,966</u>	<u>\$480,385</u>				

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2.00  
 Dollar Impact (average per year over term of agreement) \$26,921.00

**Section VI**

	Base Year	Year 1			
Cost of Health Plan .....	<u>\$111,486</u>	<u>\$196,544</u>	<u>\$214,233</u>		
Employee Contributions .....	<u>\$13,701</u>	<u>\$25,661</u>	<u>\$26,161</u>		
Prescription .....					
Dental .....					
Vision .....					

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.***Section VII**

Prepared by: Monica B. Miebach Title: CMFO/QPA  
 Print Name: Monica B. Miebach  
 Signature: Monica B. Miebach Date: 3/30/2016